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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

FACSIMILE TRANSMITTAL COVER SHEET	Application Number	10/661,760
	Filing Date	September 12, 2003
	First Named Inventor	Roger J. JELICOE
	TITLE	COMMUNICATION DEVICE HAVING MULTIPLE KEYPADS
	Art Unit	2682
	Examiner Name	Lewis G. WEST
	Attorney Docket Number	MOT-CS22372RL

TO: USPTO	Fax Number: 571-273-8300
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ENCLOSURES	
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Declaration of Roger Jellicoe Under 37 C.F.R. §1.131, (including Exhibit A)	4
Declaration of Damon Neagle Under 37 C.F.R. §1.131	2

Total number of pages in this submission (including this page):	26
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Signature of Applicant, Attorney or Agent	
Name:	Damon A. Neagle, Reg. No. 44,964 phone: 610-395-4900 fax: 610-680-3312
Signature	
Date:	July 25, 2005

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PTO/SB/17 (12-04)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/661,760	
		Filing Date	September 12, 2003	
		First Named Inventor	Roger J. JELICOE	
		Examiner Name	Lewis G. WEST	
		Art Unit	2682	
TOTAL AMOUNT OF PAYMENT (\$)		480	Attorney Docket No.	MOT-CS22372RL

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 25 - 20 or HP = 2 x 50 = 100
 HP = highest number of total claims paid for, if greater than 20
 Indep. Claims 4 - 3 or HP = 1 x 200 = 200
 HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
 Fee (\$)
 Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 150 - 100 = 50 / 50 = 1 (round up to a whole number) x 250 = 250
 Extra Sheets 50 Number of each additional 50 or fraction thereof 1 Fee (\$)
 Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of an Information Disclosure Statement

Fees Paid (\$)

180

SUBMITTED BY		Registration No. 44,964	Telephone (610) 395-4900
Signature		(Attorney/Agent)	
Name (Print/Type)	Damon A. Neagle	Date	July 25, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 480**Complete if Known**

Application Number	10/661,760
Filing Date	September 12, 2003
First Named Inventor	Roger J. JELICOE
Examiner Name	Lewis G. WEST
Art Unit	2682
Attorney Docket No.	MOT-CS22372RL

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ Note ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
25	- 20 or HP = 2	x 50	= 100			
HP = highest number of total claims paid for, if greater than 20						
4	- 3 or HP = 1	x 200	= 200			
HP = highest number of independent claims paid for, if greater than 3						

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of an Information Disclosure Statement

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SUBMITTED BY		Registration No. 44,964	Telephone (610) 395-4900
Signature		(Attorney/Agent)	
Name (Print/Type)	Darron A. Neagle		
			Date July 25, 2005

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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

REPLY UNDER 37 C.F.R. 1.111	Application Number	10/661,760
	Filing Date	September 12, 2003
	First Named Inventor	Roger J. JELICOE
	TITLE	COMMUNICATION DEVICE HAVING MULTIPLE KEYPADS
	Confirmation Number	8152
	Group Art Unit	2682
	Examiner Name	Lewis G. WEST
	Attorney Docket Number	MOT-CS22372RL

Submitted Via Facsimile: 571-273-8300

Applicant submits the following response to the Official Action dated March 23, 2005, the period for responding thereto extended one month by virtue of the enclosed Petition for One Month Extension of Time.

IN THE CLAIMS

Please amend the claims as shown in the attached marked-up version.

REMARKS

Claims 1-8, and 10-26 are pending in this application. Claims 1 and 10 are amended, claim 9 is canceled and claims 24-26 are newly presented.

Claims 14-23 are allowed. Claims 1-4 and 9-12 stand rejected under 35 U.S.C. §102(e) as being anticipated by U.S. Patent Publication No. US 2004/0207604 A1 to Chuang. Claims 1, 7, 8 and 13 stand rejected under 35 U.S.C. §102(e) as being anticipated by U.S. Patent Publication No. U.S. 2005/0017953 A1 to Pekka. Claims 5-6 stand rejected under 35 U.S.C. §103(a) as being unpatentable over *Chuang* in view of U.S. Patent No. 6,850,226 to Finke-Anlauff.

Attached hereto are Declarations under 37 CFR §1.131 by Roger Jellico and Damon Neagle, which establish (1) conception and reduction to practice of the claimed

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04 FC:1202
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